

the nutrition of the body. The amount of anasarca must not determine their use, but rather the amount of urine and the drowsiness of the patient. General anasarca appearing suddenly is due either to acute Bright's disease or sudden loss of a considerable amount of blood. If the latter has occurred, it can be at once ascertained. Thus in cases with sudden appearance of anasarca the diagnosis is mostly easy. It is true that cases are met with in which patients become rapidly anasarca whose urine is quite normal; but in such cases the temperature is normal, and the anasarca has lasted several days. The acute stage, in fact, is over; for not unfrequently in cases of acute Bright's disease, immediately the temperature falls, the urine becomes healthy, the blood and albumen disappearing in the course of a few hours. The blood in the urine, after the inflammation has ceased, is not so grave a symptom as albumen—the latter being more significant of the chronic disease; the former being probably due to some capillaries remaining open and allowing blood to pass out. At least, practically it is found that blood mostly ceases shortly, and the kidney recovers quickly; whilst if the albumen be large in quantity, the kidneys are slow in recovering. Thus if the amount of albumen be not greater than can be accounted for by the blood present, the prognosis is not bad; but if the quantity of albumen be large, the prognosis is more grave, and each day it continues adds greatly to the seriousness of the prognosis. It must be recollected that the urine may be very deeply tinged with blood, and yet very little albumen be present; in other words, a small amount of blood may cause a very red colour of the urine. The duration of the acute stage, measured by the temperature of the body, is usually three to six days. Patients very rarely die during the acute stage. It is the chronic disease which follows that destroys life. Thus it is evident that it is important to determine when the acute stage has ended, that such treatment may be adopted to prevent the chronic disease. The temperature of the body affords the easiest way of ascertaining this; for though great information may be obtained from the other symptoms, such as the pulse, tongue, appetite, &c., still these are not constant; whilst, as has been already stated, the temperature is always elevated whilst the acute inflammation lasts, and becomes normal when the inflammation ceases. It is important also to bear in mind that the continuance of blood in the urine is not a proof of the continuance of the acute inflammation."

12. *Hydatids of the Liver, their Diagnosis, their Dangers, and their Treatment.*—Dr. MURCHISON read an elaborate paper on this subject before the Medical Society of London (Oct. 16, 1865). It commenced with a report of twenty cases, including all that had been the subject of post-mortem examination at the Middlesex Hospital during the last eleven years, and others that had occurred in the author's own practice. In the course of the paper also, reference was made to all the cases recorded in the Pathological Transactions and others in the medical journals. Dr. Murchison pointed out that, owing to the sudden termination of fatal cases of hydatid disease, hospital records hardly gave a fair view of the ratio of deaths from this cause. Although there could be no doubt that an hydatid cyst might become arrested in its growth, shrivel up, and undergo what is called a spontaneous cure, this result rarely happened when the tumour was large enough to be diagnosed during life. In the large majority of cases it went on increasing, and ultimately burst, and when this happened death was the usual result. Attention was directed to the remarkably latent character of hydatid tumours of the liver: in most cases they gave rise to no uneasiness until they had attained such a size as to compress adjoining organs, or until they were on the point of bursting, and peritoneal inflammation was excited on their surface. The directions in which an hydatid tumour of the liver might burst were various. 1. Into the cavity of the chest. 2. Into the peritoneum. 3. Through the abdominal parietes or lower intercostal spaces. 4. Into the stomach or intestine. 5. Into the bile-duct. 6. Into the vena cava inferior. Independently of rupture, hydatids might destroy life—1st. By compressing important organs and interfering with their functions. 2d. By suppuration of the cyst, or external to the cyst, and pyæmia. 3d. By the formation of secondary hydatid tumours in different parts of the body. It followed that the risks to

which a person with a large hydatid tumour of the liver was liable were many, and the chances of his escaping them were few. Although the tumour might remain stationary for years, an accident might at any moment cause death. Turning to treatment, little benefit could be expected from medicines. Chloride of sodium and iodide of potassium, the two most vaunted remedies, were of no use. It was difficult to conceive how chloride of sodium could destroy an hydatid, seeing that hydatid fluid always contained such a large amount of this salt, which, indeed, appeared to be essential to the life of the parasite. With regard to iodide of potassium, there was not only no proof that it could cause absorption of an hydatid, but there was positive evidence that the drug never reached the hydatid. Not a trace of iodine could be discovered in the hydatid fluid of a patient of Dr. Murchison's who had taken fifteen grains of iodide of potassium daily for several weeks before. Puncture of the cyst was of much greater promise, and had been attended with great success. The dangers were peritonitis and suppuration of the cyst, but by the employment of a fine trocar these dangers might in a great measure be avoided. The error of using a large trocar, or of making an incision with a scalpel, lay at the root of most of the accidents that had occurred. The evacuation of the fluid through a fine canula sufficed to destroy the life of the hydatid. Of twenty cases of hydatid tumour of the liver tapped as described, and collected by the author, all but three had recovered; and of the three fatal cases, death in one was due to secondary tumours, in a second to a miscarriage, and in the third case the cyst had suppurated and the patient was moribund at the time of the operation. In all cases, therefore, where an hydatid tumour of the liver was large enough to be diagnosed during life, and was increasing in size, the operation of puncture and evacuation of the cyst in the manner described was advisable. But before resorting to puncture, it was of course necessary to be certain of the nature of the tumour. The diseases most liable to be mistaken for hydatid tumours of the liver were, abscess of the liver, a distended gall-bladder, extensive effusion into the right pleura, an aneurism of the aorta or of the hepatic artery, and cancer of the liver. The points of diagnosis from these lesions were carefully considered, but the author believed that what was called "hydatid vibration" was a sign of little importance in diagnosis. In a doubtful case there could be no objection to making an exploratory puncture of the tumour. If the tumour was hydatid the fluid drawn off would at once reveal its nature, even if it contained no echinococci. Hydatid fluid was clear and colourless as water; it had a specific gravity of 1009 or 1010; and it contained not a trace of albumen, but a large quantity of chloride of sodium: these characters applied to no other fluid in the human body, whether healthy or morbid. If the tumour turned out to be cancer, or even aneurism, there was ample evidence that no harm would result from a minute puncture. The paper concluded with the details of a case under the author's care, where paracentesis had been performed with complete success. The patient at the end of a year was in perfect health.—*Lancet*, Nov. 4, 1865.

13. *Children's Diseases*.—M. ROGER, of the Hôpital des Enfants-Malades, in a clinical lecture on the Diseases of Children, remarked:—

Infantile pathology presents marked differences from the pathology of other periods of life.

1. The newly-born child and the infant at the breast have their special diseases—erysipelas of the umbilicus, scleroma, hydrocephalus; and, a little later, thymic asthma or spasm of the glottis.

2. Some affections, which are rare in adults, are so common in children as to be regarded as peculiar to the first period of existence; for example, convulsions and spasms, whooping-cough, croup, rickets, scrofula, and worms.

3. Then, again, certain diseases which are common at all ages, have a special character in the young. Thus, in them we meet with lobular instead of lobar pneumonia; with tubercles generally distributed, instead of localized in the lungs; and with bronchial phthisis, tubercular meningitis, etc.

4. The phenomenal expression of diseases, again, is distinct. The slightest affection in the child may be ushered in with apparently the most serious symp-